

ductive symptomatology. PANSS scale was used for the assessment of the severity of symptoms and the efficacy of treatment. They were rated at the beginning of the treatment (or after 3–7 days washout period) and once a week for six weeks. The dose range administered daily was between 100–200 mg. No other concomitant therapy was given, except for hypnotics occasionally. After six weeks treatment significant improvement was seen in 14 patients (74%) and observed as a significant decrease (more than 58%) in final PANSS scores compared to the scores at the beginning of the treatment. Greater improvement was noticed in depression than in negative subscale. Other 3 patients showed improvement noticed as 20% decrease in the final score. Two patients were nonresponders and had to be treated in a different way. The tolerability of sulpiride was very good in terms of subjective complaints, laboratory findings and ECG. The only frequent complaints were increased appetite and weight gain which was observed at the end of treatment (6–10% increase in weight from the beginning of treatment) Although our sample is small, it proves the efficacy of sulpiride in the treatment of negative forms of schizophrenia, especially when depressive symptoms are present. It should not be forgotten especially because of good tolerability.

BRAIN MAPPING, RELAXATION AND PERSONALITY

J. Cabanyes^{1,2}, A. Polaino-Lorente², A. Dávila¹, R. Martínez².
¹ *Behavioural Neurology, Clínica Ntra. Sra. de la Paz, López de Hoyos 259. 28043, Madrid, Spain;* ² *School of Education, Universidad Complutense, López de Hoyos 259. 28043, Madrid, Spain*

Introduction: The bioelectrical brain activity changes in several psychophysical situations that the subject could meet. At the same time, several subjects could respond in different manner to the same stimuli. The present work studies the bioelectrical brain changes produced after applying a technique of relaxation and the differences according to some characteristics of personality.

Material and method: Subjects: 54 healthful volunteers, university students, with same distribution of sex and a range of age of 20 to 24 years old (x: 21.5). **Procedures:** all of the subjects completed the Cattell's personality questionnaire (16PF, forms A and B), a questionnaire of social abilities and a scale of manual dominance. Two electroencephalographic records were carried out to each subject: in awake resting situation with closed eyes and after applying a technique of muscular and respiratory relaxation. The records were obtained with a Cadwell Spectrum 32 equip, with 21 electrodes placed according to the 10/20 international system and linked ears reference. From each registration 30 epoch of 2.5 seconds were recorded and maps of absolute power, relative power, interhemispheric asymmetry and interhemispheric coherence were created. Maps of averages were created according to the scores obtained in the second order factors of the 16PF and they were compared among themselves and between the awake resting situation and relaxation.

Results: Significant overall differences between the two studied psychophysical situations were obtained, especially in the absolute power in the beta rhythms. At the same time, we were found bioelectrical behavior significantly different in relationship to characteristics of personality measured with the 16PF.

Conclusions: The situation of relaxation associates an bioelectrical brain activity different from awake resting situation. Some characteristics of personality are related to several bioelectrical brain responses to the stimuli. Brain mapping is an useful technique in order to measure these changes.

TREATMENT RESPONSE STUDIES IN SYSTEMATIC CATATONIA (LEONHARD) II AMINEPTINE AUGMENTATION

L.Y. Chow, G.S. Ungvari, B.S.T. Lau, H.F.K. Chiu, C.K. Wong.
Department of Psychiatry, Chinese University of Hong Kong, Shatin, Hong Kong

Objectives: Our objective was to establish the treatment response pattern of the Leonhardian group of systematic catatonias in a series of double-blind, placebo-controlled cross-over drug trials. This report presents the findings of amineptine augmentation in systematic catatonia.

Method: 21 patients with chronic schizophrenia, who met operationalized criteria for systematic catatonia according to Leonhard (Petho & Ban, 1988) and gave informed consent, were selected from the entire patient population of two long-term rehabilitation facilities. All subjects were physically healthy and had no past or current history of substance abuse. Amineptine HCl (200 mg/day) and identical-looking placebo were added consecutively for 6 weeks each to the patients' existing drug regime under double blind conditions, followed by a 4-week wash-out period. Assessment using the GAS, BPRS, HDRS, SANS, AIMS, Simpson-Angus Scale, Van Putten Akinesia Scale, Barnes Akathisia Rating Scale, Modified Rogers Scale, Bush-Francis Catatonia Rating Scale and the NOSIE was carried out at baseline and at 3 weekly intervals afterwards. Raters were blind to the patients' medication status.

Results: Amineptine HCl augmentation resulted in minimal improvement in depression and negative symptom ratings, but did not significantly change the motor status of patients with systematic catatonia.

Conclusion: Amineptine HCl is an antidepressant known to enhance dopaminergic transmission. The lack of therapeutic effect of amineptine, on catatonic symptoms appearing in systematic catatonias therefore suggests that a dysfunctional dopamine system is not a major factor in the pathogenesis of motor symptoms in these particular subtypes of catatonic schizophrenia.

HOW ARE PSYCHOTIC SYMPTOMS PERCEIVED? A COMPARISON BETWEEN PATIENTS, RELATIVES AND THE GENERAL PUBLIC

K.F. Chung, Eric Y.H. Chen, Linda C.W. Lam, Ronald Y.L. Chen, Charlotte K.Y. Chan. *Department of Psychiatry, University of Hong Kong; Department of Psychiatry, Chinese University of Hong Kong*

Objective: The early detection and treatment of psychosis depends on the extent to which patients, their relatives and the general public are able to recognize psychotic symptoms as features of mental illness requiring medical attention. We compared the attitudes towards psychotic symptoms in schizophrenic patients, their relatives and the general public. We explored the relationship between such attitudes and demographic variables, as well as with a history of previous contact with mental patients. In addition, we also compared the attitudes of schizophrenic patients to the vignette with their attitudes to their own symptoms.

Method: In order to provide a common reference for comparison, we constructed a case vignette that described classical positive symptoms of schizophrenia in everyday language. The vignette approach was selected because it provided a more tangible scenario in which attitudinal responses could be measured. We used the case-vignette to compare 44 in-patients and 47 out-patients with schizophrenia, 48 of their relatives and 43 members of the general public with respect to their attitudes towards schizophrenic psychotic symptoms.

Result: Subjects from the general public tended not to recognize psychotic symptoms as features of mental illness and they tend not to consider drug treatment and hospitalisation as indicated. Sex, ed-